



MISSOURI DEPARTMENT OF MENTAL HEALTH

Dorn Schuffman, Department Director



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
8.090

CHAPTER Regulatory Compliance	SUBCHAPTER HIPAA Regulations	EFFECTIVE DATE 06/1/03	NUMBER OF PAGES 3	PAGE NUMBER 1 of 3
SUBJECT Mandatory HIPAA Privacy and Security Training		AUTHORITY Section 630.050 RSMo		History See Below
PERSON RESPONSIBLE Deputy Director, Office of Quality Management			Sunset Date July 1, 2006	

PURPOSE: Describes mandatory training as required by the Health Insurance Portability and Accountability Act (HIPAA). 45 CFR Section 164.500 et seq.

APPLICATION: Applies to Department operated facilities.

(1) Definitions. Terms are defined as follows.

(A) Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191 enacted on August 21, 1996.

(B) Code of Federal Regulations (CFR), refers to 45 CFR Parts 160, 164 and 142, for Privacy and Security rules.

(C) Privacy training rule: 45 CFR § 164.530(b)(1) states “a covered entity must train all members of its workforce on policies and procedures with respect to health information required by this subpart, as necessary and appropriate for the members of the workforce to carry out their function within the covered entity”.

(D) Proposed Security Training rule: at 45 CFR § 142.308(a)(12) requires “education concerning the vulnerabilities of the health information in an entity’s possession and ways to ensure the protection of that information”.

(E) Protected Health Information (PHI) means individually identifiable health information that is (1) transmitted by electronic media, or (2) transmitted or maintained in any form or medium.

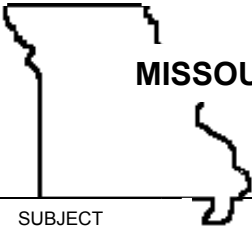
(F) Mandatory Training refers to the requirements as noted in (1)(C) privacy and (1)(D) proposed security as defined above, plus any additional training requirements adopted in the final Privacy and/or Security rules. Initial HIPAA training, defined as occurring between October 1, 2002 and April 14, 2003, shall only be conducted by facility or Central Office staff who completed the mandatory HIPAA Train the Trainer session in September 2002. The facility or Central Office privacy officer must either conduct the training, or be present for a Question and Answer session at the completion of each initial HIPAA training session.

(G) SAM II: the statewide computer system serving Missouri state agencies.

(2) Mandatory Training for all DMH employees

(A) All employees of the Missouri Department of Mental Health, as well as volunteers, students and contract employees in a DMH facility on a regular course of business, shall attend training on the privacy and security provisions of HIPAA. This training shall follow a specific curriculum established by the DMH HIPAA Core Team, an outline of which is attached to this DOR as Appendix A.

(B) HIPAA training curriculum must remain consistent system-wide to assure appropriate implementation of the HIPAA Privacy and Security regulations. To maintain that important consistency, no local customization at a facility level shall be permitted.



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Any variation in content may be subject to the sanctions provision under section (4) of this DOR.

(C) Employees, as well as volunteers, students and contract employees in a DMH facility on a regular course of business, hired or engaged prior to April 14, 2003, shall receive HIPAA privacy and security training prior to April 14, 2003.

1. Trainings shall be conducted at all DMH operated facilities.

2. Additional mandatory privacy training shall be scheduled whenever there is a material change in the Department's privacy policies or procedures as determined by the Department's Privacy Officer.

3. Periodic mandatory security training shall be scheduled as determined by the Department's Security Officer.

4. Client or consumer workers for DMH shall also receive HIPAA training, utilizing the standard Client Worker Training packet as distributed to the facilities.

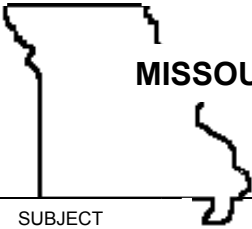
(D) DMH employees hired after April 14, 2003, shall receive training as part of their initial employee orientation. The content for the HIPAA new employee orientation shall be the same as listed in Appendix A to this DOR. However, any interactive exercises, or supplemental videos, will not be required content for new employee orientation. HIPAA new employee orientation must take place within 30 days of the date of hire.

(E) Volunteers, students and contract employees in a DMH facility on a regular course of business who are hired, or accepted after April 14, 2003 shall receive training as a part of their initial facility orientation (also known as the new employee orientation course). The content for the HIPAA initial facility orientation shall be the same as listed in Appendix A to this DOR. However, any interactive exercises, or supplemental videos, will not be required content for initial facility orientation. Such training must be done within 30 days of the initial date that the person presents for service.

(G) Each facility and Central Office Privacy Officer shall identify group(s) or individuals who, due to the nature of their job function within the facility or Central Office, will require in-depth training related to HIPAA and DMH DORs, and then provide that specialized training prior to April 14, 2003.

(3) Documentation of Mandatory Training. Documentation of Mandatory HIPAA Training shall be recorded in the appropriate fields in the SAM II Human Resources computer system. Specific codes have been established for use in recording HIPAA initial training, HIPAA new employee orientation, and HIPAA periodic updates. Volunteer service coordinators or responsible staff shall maintain training logs for volunteer HIPAA training.

(4) Sanctions. Employees who do not complete the respective Mandatory HIPAA Training(s) are subject to disciplinary action that may include, but is not limited to, suspension without pay, demotion or dismissal.



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(5) Quality Assurance: Beginning in April 2004, and every April thereafter, the Central Office Privacy Officer, for Privacy training, and the Central Office Security Officer, for security training, shall gather information from the facility based officers for the purpose of advising the Deputy Director for the Office of Quality Management and to the DMH Executive Team that mandatory trainings are implemented.

HISTORY: Emergency DOR effective January 15, 2003. Final DOR effective June 1, 2003.

Appendix A

HIPAA Privacy Training Outline

1. Goals of Training
2. What is HIPAA?
3. HIPAA Key Terms
4. Designation of Organized Health Care Arrangement
5. Why the Concern over Privacy?
6. HIPAA Enforcement
7. What HIPAA Requires DMH to do
 - a. Identify PHI
 - b. Where do you find PHI?
 - c. What PHI does not include
 - d. What are Psychotherapy Notes
 - e. Learning through Case Scenarios
 - f. Regulatory Privacy DORs in Chapter 8
 - g. How Individual Staff Protect PHI
 - h. Need to Know, or Minimum Necessary Standard
8. Other HIPAA Requirements for DMH
 - a. Authorization (DOR 8.050)
 - b. Notice of Privacy Practices (8.005)
 - c. Restrictions (DOR 8.020)
 - d. Access (DOR 8.030)
 - e. Staff Access (DOR 8.040)
 - f. Amendment (DOR 8.010)
 - g. Accounting of Disclosures (DOR 8.060)
 - h. Verification (DOR 8.070)
 - i. Complaint Process
 - j. State and Federal Law Preemption Analysis
 - k. Research Provisions
9. Integration of Security with Privacy
 - a. General Security Awareness
 - b. System Access
 - c. Computer Virus Protection
 - d. Password Management
10. Questions and Answers